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COMMUNICATIONS.

A CLINICAL STUDY OF THE RELATIONS OF MELANCHOLIA TO INEBRIETY.

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Careful inquiry into the etiology and symptoms of many cases of inebriety indicate an intimate association with melancholia, in both its earlier and latest stages. Often the symptoms and exciting causes are identical, and the termination in either inebriety or insanity seems to be the result of peculiar favoring conditions, that are obscure.

The following case is an illustration. Two children, born of healthy parents, were brought up under similar circumstances, and seemed apparently free from any hereditary tendencies to disease. On reaching middle life, the one became melancholic and demented, and died of epileptic convulsions; the other, at about the same age and in similar surroundings, became an inebriate, drank recklessly for three years, and died of alcoholic phthisis. They were both in good health up to this time, and singularly free from surroundings that would encourage these disorders.

Melancholia appeared in both cases in the early stages; one diverged to inebriety, and the other to insanity. The presence of melancholia in the different stages of inebriety, and their frequent association as both cause and sequelæ furnish presumptive evidence of similar causes. Further inquiry into the symptom-

atology of inebriety and melancholia reveal conditions of psychical and mental debility, such as general depression and indifference to exertion, or a constant sense of general fatigue, often accompanied with delusions of disease; the emotions are changed, becoming excitable, impulsive, erratic, or indifferent to the usual influences; and a sense of want, void, or pressure, pervades the system like a cloud. The organic functions of the body are likewise changed, become less active and manifest perversions. These early stages vary in degree, are often obscure and not prominent, and very commonly disappear under the influence of stimulants. Some of the exciting causes of this condition are recognized, as idleness, unhealthy surroundings, alternate excitement and depression, changes of business, sorrow, joy, etc. Stimulants in these early stages suspend or check these symptoms, and are taken, unconsciously, to meet this want.

This stage of the disorder is strangely called a vice. In many cases these earlier stages of depression are intermittent, recurring at variable intervals, with more or less intensity. A common early symptom which is seldom recognized, is a sense of fatigue and general debility in the morning, which cannot be traced to appreciable causes. This may increase, and be manifested in the patient's desire for medication, or in a listless, indolent manner, and want of ambition, etc. The following is a typical case:—

H., born of wealthy parents, in the midst of active business, and in apparent good health, perfectly temperate. He began to complain of fatigue in the morning, although sleeping

soundly at night, and eating well. He lessened his business, took more rest, and followed an active course of medication without relief. The early symptoms of fatigue merged into general depression, which was indefinite and vague; his mind was restless, but his general health seemed good. Finally he began to drink, with complete relief, and eventually became an inebriate. These early symptoms indicated the approach of melancholia, although it diverged to inebriety.

Clinical experience has established, beyond doubt, that all cases of inebriety are cerebro-psychical disorders, and that their origin may date from a single glass of liquor, or from the time the first toxical effects from alcohol are produced. In the former case the organism may be in such a condition that alcohol will permanently derange the cell activity and formation, and both awaken and give direction to diseased tendencies that are lasting.

The following is an illustrative case:—

A., a temperate farmer, free from inherited disease, was extremely agitated at the supposed death of a son, and in his grief was persuaded to take a glass of brandy, from which he became a paroxysmal inebriate. After this first glass, whenever excited or depressed, the appetite for liquor was uncontrollable; probably some brain lesion was produced at the time the brandy was taken, from which he never recovered.

In the latter case there can be no question that the toxical effects of alcohol, in the first instance of intoxication, permanently impressed the brain and nervous system, shaping or exploding diseased tendencies, or developing conditions that are manifest in inebriety. A positive taint seems to follow, affecting both the function and organism, from which all further perversions can be dated. Unlike all other poisons, some unknown conditions are produced in the organism, which predisposes to a recurrence of the toxical effects. Whether this condition is one of debility, or lowered physiological action, seeking relief in stimulants, or perversion of cell activity from irritation, or diminished nutrition, is not yet clear. Every subsequent toxical influence from alcohol seems to intensify and increase these conditions.

Recognizing these facts, the varied pathological conditions which follow, manifest in inebriety, melancholia, dementia and other disorders, are both numerous and complex.

Our studies of this subject seem to have confirmed the following statements:—

First. Melancholia commonly precedes inebriety in the earlier stages, either as a symptom or condition, from both physical and psychical causes.

Second. Stages of melancholia are often associated with melancholia after the latter is developed, either as exciting cause or sequel.

Third. The presence and prominence of melancholia with inebriety indicates profound disorder and complications, and suggests the possible prognosis and treatment.

When melancholia is a prominent symptom of inebriety, there is often a history of insanity or neurosial disorder in the family; to this there are but few exceptions.

There are three general conditions from which inebriety usually begins: first, inherited tendencies; second, physical disorders; third, psychical changes and influences. In the first case there is a defective cell growth, and disordered condition of some organic function, with tendencies to great activity of certain organs and diminution of others; an unbalanced organism, wanting in steady, healthy brain and nervous power; perverted nutrient wants, organic lesions and nerve defects, with a constant tendency to stages of exaltation and depression; often they are emotional, impulsive, and extremely sensitive to surroundings, or indifferent and stupid, with low grade of vitality; congestions, neuralgias and functional nerve disorders exist constantly. Such are some of the general indications which forecast an inherited organism that is on the verge of disease, likely to develop into inebriety and insanity, in which melancholia is almost a constant symptom.

In the second case, where physical lesions cause inebriety, the history is more obscure, because the early symptoms are overlooked. Nutrient disturbances following many diseases have a common sequel in inebriety, such as diseases of the stomach, liver, brain, and spinal cord, protracted fevers from malaria, or other causes. In brief, all diseases or lesions of the body attended with excessive debility and anæmia seek relief in measures that counteract or relieve this condition.

The connection between inebriety and physical lesions is often very direct, and in nearly all cases melancholia is associated as a symptom. Inebriety frequently can be traced to psychical causes.

It is well established that profound disturb-

ances of the organism may arise from excitement, sudden, intense, or continuous; grief, sorrow, joy, and also changes of the atmosphere and electrical influences reacting in anæmia and inebriety.

These influences seem to act as a shock, suspending and altering healthy cell action with a natural expression in stages of melancholia. Inebriety follows, often, directly from these obscure causes; in others it seems to be secondary and go on over long probationary periods. Careful study of many cases show these causes to be very active, and often prominent where the stage of drinking is said to be a vice. These three general conditions precede nearly all cases of inebriety, and where they are not clear, the reasons may be found in our ignorance of the case and its history. Melancholia is commonly associated with inebriety, as an indication of the debility present.

A continuation of this low vitality, when it affects the nervous system and the higher cerebral organs, runs into dementia, idiocy, and death; when it diverges into inebriety the end is more precipitate and the complications greater.

The following illustrates the presence of melancholia with the early stages of inebriety. To make it clearer, we have selected three typical cases, originating in the different conditions mentioned above.

Case 1.—Inebriety from Inheritance, Beginning with Melancholia.

A.; father a naval officer (who died of intemperance, and whose mother was a hypochondriac), was a temperate man, and prominent as a school teacher. When twenty-eight years of age he began to feel, at intervals, periods of restlessness and gloom. He could not concentrate his mind, and seemed to lose interest in his work. This condition would come on rapidly, lasting two or three days, then disappear, and was termed neuralgia by his physicians. As these symptoms increased, he was treated for dyspepsia and other disorders, without relief. Two years later they had become quite prominent; medical aid failing he began to use "bitters," and was restored. From this time he resorted to stimulants on the recurrence of each attack, and finally became an inebriate. The prodromic stage was not recognized, and the incipient melancholia was attributed to trifling circumstances and derangement. Early recognition

and treatment might have prevented these results.

Case 2.—Inebriety from Physical Lesions Associated with Melancholia.

B., an officer in the army, of healthy parents, a vigorous, healthy man, was wounded in the head by a shell, and laid up three months, suffering from meningitis; after recovery he began the practice of law; a year later he had periods of abstraction, and would go off abruptly by himself, giving as a reason his prostration and confusion of mind, which required meditation and rest. Later these periods developed into indifference to exertion and work, and seemed to follow over-exertion of any kind. Delusions of the presence of consumption filled his mind; these attacks lasted from ten days to two weeks, after which he recovered.

During the following two years he consulted many physicians, and took cough medicine, etc. Finally, he began to drink ale, with good results, then followed wine, whisky, etc.; the symptoms all disappeared, but he is to-day a chronic inebriate, alternately struggling to reform and relapsing again. The same obscure early stages existed in this case, which, if recognized, might have been successfully treated.

Case 3.—Inebriety from Psychical Lesions, Associated with Melancholia.

C., a prosperous merchant, in good health and temperate, lost nearly all his property by fire, and his wife was soon afterward drowned. The effect of these disasters threw him into a low nervous fever, from which he recovered slowly. He resumed business again and was prospered, but complained of low spirits and attacks of the blues, which he affirmed weighed him down and made it impossible to work. These attacks continued at different intervals, and increased, becoming very intense before a storm, and worse during changes of weather; sometimes it would give way suddenly, followed by an unusual flow of spirits. This he attributed to some affection of the liver, for which he was actively treated. From supposed exposure to malaria during one of these attacks, he was given hot whisky, and the depression vanished at once. He rapidly became an inebriate, and never suffered from depression afterward. His friends affirm that bad company was the cause of his inebriety.

These three cases are presented as indicating

the presence of melancholia preceding inebriety. The early stages are often shorter, and less distinct, or obscure, from the fact that they are seldom noted at the time. They are frequently indicated by hallucinations, or the extremes of emotional activity, or indifference to the ordinary claims of society, etc.

2. Clinical experience proves the following statement: That stages of melancholia are often associated with inebriety after the latter is developed, either as an exciting cause or sequel. Depression and melancholia seem to be the natural result of the action of alcohol on the organism. The diminished vitality seen in the increased and weakened circulation and lowered temperature, with deranged functional action, and consequent anæmia, all have a natural expression in degrees of melancholia. Irritation, defective and perverted nutrition, with a sense of fatigue and want that is almost irresistible, follows. It may often react in depression and mental debility, from which the brain and nervous system seek relief; this is the exciting cause of a renewed attack of inebriety, as illustrated in the following case:—

A., merchant, whose inebriety originated at puberty, from fever and other circumstances; has drank for twenty-five years, as a periodical drinker, and is much debilitated; will abstain from stimulants for weeks, then be suddenly attacked with profound restlessness and insomnia, inability to concentrate his mind on anything, and an indescribable feeling of want, attended with a sense of pressure and weight over the body, which intensifies into hallucinations of deepest gloom. Alcohol relieves these feelings, and after a certain resistance he loses control of himself, and drinks to intoxication. A long period of relief follows, ending with the same feelings and similar relapse.

When the patient inherits insanity, inebriety, or nervous defects, these stages of melancholia seem more intense and unbearable. This differs from the acute mania to drink, from the fact that the patient does not want liquor, and will not admit that it comes from this cause, and makes resistance for a time, until the depression merges into delusions.

In a dipsomania the craving for liquor is of the nature of a well-defined thirst, which seeks relief at all hazards, and soon becomes a mania which absorbs every other feeling.

The melancholia which precedes inebriety is definite and distinct, sometimes occurring before

every relapse, and seemingly dependent upon some obscure conditions of functional and organic change. In one case every condition of mental exertion that is severe is followed by this depression, stimulating inebriety. In another, prolonged abstinence and irregularity of eating. A third case can abstain from drinking if he can avoid depression and keep cheerful. This condition and its exciting causes are obscure, and evidently manifests itself in many unaccountable cases of impulsive inebriety.

General derangements of the system coming on in a patient who is an inebriate develops these symptoms of depression in different degrees and forms, which are identical with different stages of melancholia. For instance, the stage of stupor, indifference, then exaltation and delusions of grandeur and power, and the irritable maniacal feeling followed by dementia and fixed delusions, are all more or less prominent in many cases of inebriety. These are illustrated by the following clinical histories:—

A. is a periodical inebriate, brought on from exposure in the army. Before the attack comes on he is subject to intense depression, or *blues*, as he calls it. He will go to bed, and weep from the slightest cause; reasoning that he is on the verge of some mental disease, or sudden death, summons his family and bids them farewell. Later he drinks, and all these hysterical symptoms vanish.

B. is also a paroxysmal drinker, whose inebriety arises from excess at puberty; before the paroxysm comes on he is very sympathetic and emotional; will visit all the prayer meetings in the neighborhood, and take part with great fluency and spirit, and do acts of kindness that are unusual—defend the cause of the weak with martyr-like zeal, and seem on the alert to remedy the wrongs of life. When cautioned about this condition ending in drinking, he is very indignant. Two or three weeks later he drinks violently, and after this relapses to his former condition of quiet, steady life.

C. is a periodical inebriate, who began to drink from irregularities of food and surroundings. On the approach of the attack he is morbidly sensitive and quarrelsome, irritable to the last degree, and often filled with delusions of fear and anger by trivial causes, or takes offence and goes to bed, refusing to see or be seen. A week after he will drink, and his old habits come back, the attack lasting from one to two weeks.

D. is a periodical inebriate, originating in general excesses of labor and unhealthy surroundings. Before the recurrence of an attack he has a firm conviction of the presence of a tapeworm, or snake, which he has swallowed, and will consult numerous physicians, take many remedies, and seem very anxious to remove what he calls the cause of all his troubles; the end is always a hard paroxysm of drinking.

These are marked examples of mental disorders which often precede and accompany melancholia, and are noticed in many cases of inebriety. The same class of symptoms often follow inebriety as a sequel, and when inebriety or melancholia are neither very prominent, they often merge into various forms of neuralgia, hallucinations, etc., etc. The following is a typical case of melancholia following inebriety:—

A. is a paroxysmal inebriate, who inherited a tendency to nervous diseases, which developed into inebriety through vicious surroundings; after a paroxysm of drinking, he becomes intensely depressed, loses all interest in his surroundings, and has suicidal delusions; this condition wears away slowly.

In chronic cases, where the system is much debilitated, the melancholia is often of an intense mental character. All the higher sentiments seem overwhelmed in clouds and delusions, that are often dangerous.

The mind loses its poise and sinks down to the lowest level of weakness. Or, it may be manifest in great restlessness and physical activity; as illustrated in the following:—

A. is a periodical inebriate from inheritance; after an attack, will disappear and wander round the country, purposeless and aimless, then recover, and return to business and friends.

B. is a periodical inebriate from obscure brain lesions. After he drinks to exhaustion and recovers in part, he is seized with a mania to look over his business with great care; nothing but a long inventory and personal inspection will satisfy him. This occurs after every paroxysm.

C. is a periodical inebriate from hardship and mental trouble. After the paroxysm is over, he walks the floor and is dangerously sensitive; will not bear confinement or contradiction, for a long time.

These symptoms are frequent in chronic cases, and are similar to melancholia. We

conclude that melancholia may not be noticed before inebriety is developed, but it appears in many forms after inebriety comes on.

The third statement, viz., that the presence and prominence of melancholia with inebriety indicates profound disorder and complications, with a special prognosis and treatment, is evident beyond question.

The following seems to be the general course and termination in all these cases:—

1. All the symptoms increase into chronicity, ending in dementia or chronic alcoholism and death.

2. They may merge into acute disease, which will be localized in some organ, terminating in recovery or death.

3. The presence of both melancholia and inebriety may continue without marked change for a long time, then suddenly one or the other becomes intensified into great activity, or both disappear.

The first course or termination is very common. In the second, acute attacks of gastritis, hepatitis, various diseases of the kidneys, and often pneumonia, follow, and if they do not end fatally, the melancholia and inebriety disappear in many cases.

In the third class the cases are not closely observed, but, without doubt, they are numerous: a class of patients who drink to intoxication at long intervals, also suffering from melancholia and depression; this goes on without change for years, then they become demented or helpless drunkards, or from obscure cause they recover.

These cases are seldom recognized until the last stages, but, nevertheless, they possess the same symptoms, only in a less degree, as the most chronic cases.

To term this early stage a vice, because of its obscurity, is a strange misnomer, arising from profound ignorance.

The prognosis and treatment depends upon the history of each case and its various complications. In general terms, the marked presence of melancholia with inebriety is significant of general degeneration. When inebriety seems to follow melancholia the prognosis is also bad, and the treatment by prolonged residence and abstinence from the exciting causes, in an asylum, under medical care, gives the only promise of help.

If these statements are correct, the early stages of these two affections are the same, and

when the association continues the case is serious. The conclusions may be summarized as follows:—

First. Inebriety and melancholia are identical in their early manifestations.

Second. They may follow each other, as both cause and effect.

Third. Their course and termination are alike, and they are subject to similar variations and complications.

Fourth. Both of these disorders are stages or phases of insanity with similar prognosis, and requiring the same general treatment.

A CASE OF RATTLESNAKE BITE SUCCESSFULLY TREATED BY IN- JECTIONS OF CARBONATE OF AMMONIA INTO VEINS.

BY J. J. KNOTT, M. D.,
Of Atlanta, Ga.

On the evening of July 5th, 1876, a man by the name of Burney was brought to me for treatment, having received a bite from a large-size rattlesnake some fifteen minutes before I saw him. The wound from the bite was over the meta-carpo-phalangeal joint of the index finger of the left hand. Previous to my seeing him he had administered to him, at a neighboring drug store, a large drink of whisky. This was about five minutes before I saw him. He was in the following condition when brought to me: the body bathed in a profuse clammy perspiration; no pulse at wrist; respiration abdominal and irregular; pupils completely dilated; inability to swallow. I immediately injected a half drachm hypodermic syringe of a solution of carbonate of ammonia into one of the superficial veins of the left hand. The solution was of the following strength:—

R. Carb. ammoniæ, gr. xl
Aque destillata, ʒj. M.

This injection was followed immediately by an almost imperceptible pulse at the wrist; waiting awhile to see the full effects of this injection, I found it was only temporary. The patient had fallen back into a worse condition than before the injection. I now exposed the arm, by removing the coat and shirt sleeves, and with many misgivings as to the result, proceeded to inject into the cephalic vein a syringe of the above solution. There was an immediate response to this in the radial artery, produc-

ing a pulse of about thirty to the minute, and of good volume; the second injection into the cephalic vein was followed by still further improvement in the patient's condition; on making the third injection, the patient sat up, and could distinguish objects; on the fourth injection arose to his feet, apparently as well as before the reception of the bite. After remaining a few moments he left, in company with some friends.

I endeavored during the night to find out his whereabouts, but was unsuccessful in learning anything of him until 10 o'clock the next morning, when I found him on the second floor of a building on Marietta street, in a room used as a paint shop; when found, he was lying prostrate on the floor, in a perfect stupor; my first impression was that, perhaps, he had been heavily dosed with whisky during the night, though on examination of his pulse and the pupils of his eyes I was at once satisfied that such was not the case; the pupils were fully dilated; pulse feeble and irregular. I found, on examination, the hand very much swollen, also the left forearm, half way up to the elbow. Drs. G. G. Ray, King, Wyly and A. R. Alby, saw the case with me, and we proceeded to make the injections of ammonia; some twenty-five injections were made in the course of an hour, under which the patient gradually returned to consciousness and sight; circulation resumed its natural frequency and volume. I now determined to make a comparative test of the whisky treatment and carbonate of ammonia injections. I accordingly ordered whisky in large doses every fifteen minutes. This was continued until fifteen minutes after 2 o'clock P. M., when I saw the patient again. He had now consumed one and a half pints of whisky in the course of an hour and three quarters. He was still bright, but showed no indications of being under the influence of the whisky. Continue whisky. 4 o'clock P. M., saw the patient with Drs. Ray, Alby and Wyly; patient had fallen back into stupor, with feeble pulse, dilated pupils and abdominal respiration; commenced the injections of ammonia, which were continued at regular intervals until 6 o'clock P. M., when, the patient being in a condition to be removed to more comfortable quarters, I procured a cab and had him removed to his house, about a mile distant, and after he reached his home I continued the injection at regular intervals, until

10 o'clock P. M. At 9 o'clock I administered sulph. quinine, eight grains, with a view of overcoming any depressing effects of the poison on the great sympathetic nerve. I now left the patient with the following instructions for the night: carbonate of ammonia every hour, in whisky and water; eight grains of sulph. quinine, to be given at 12 o'clock. Should the patient be disposed to sleep, the sleep appearing natural and pulse keeping up, to be allowed to do so for an hour, without being disturbed.

July 7th, 6 o'clock, A. M., was called to see the patient, the messenger informing me that he had gone back into a stupor. On arrival, I learned the following particulars of his condition through the night: between 12 o'clock and 3, A. M., voided urine very freely, being the first that he had passed since the reception of the bite. At 3 o'clock the patient dropped off into a quiet sleep, and was not disturbed until 5½ o'clock, at which time he became restless; on attempting to arouse him, the attendants found that he was becoming stupid, with loss of sight. I found the patient in a stupor, but not so profound as before; the sight also gone, with some irregularity about the pulse. I immediately proceeded to inject the ammonia, which was followed by an immediate subsidence of all unfavorable symptoms; only four syringefuls was injected. I now ordered sulph. quinine, 2½ grains every two hours, carbonate ammonia and whisky every hour, as before; directed the quinine to be given half an hour from the time of administering ammonia, to prevent, as far as possible, the formation of free quinia.

12 o'clock, M. No return of unfavorable symptoms. At this visit the patient's bowels moved very freely; treatment as before continued; in addition, to have hydrarg. sub. mur., gr. j., sach. alba, gr. iv., every three hours, until action from the bowels indicated its effect on the liver. Nourishment, beef tea.

6 o'clock, P. M. No return of symptoms; on examination, found that phlebitis had set in; the veins into which the numerous injections had been made presented a knotty appearance, with the peculiar purple discoloration along their track. Ordered cold applications to the parts, the cloths to be reapplied every ten minutes; quinine discontinued until morning; carbonate ammonia and whisky every four hours.

July 8th. Patient slept very comfortable

through the night; calomel acted; hardness had subsided in veins, but slight discoloration remaining; cold applications continued; carbonate ammonia and whisky three times a day; quinine two grains, three times a day. Patient now able to be up and about.

6 o'clock, P. M. Patient dismissed. Cured.

Remarks.—To Professor Halford, of Australia, belongs the credit of the introduction of this, as it appears to us, magical treatment in the bites of venomous reptiles. In the case just cited, the poison was felt (so the patient informed me, after his recovery) not exceeding two minutes from the reception of the bite; the first symptoms being nausea and giddiness, with loss of sight. One point I noticed particularly: on making an injection while the patient was fully under the influence of the poison, the blood that escaped from the vein, by the needle of the syringe, was of an inky appearance. On the second injection, though made on the opposite side and immediately following the first, the blood that escaped presented more the appearance of arterial than venous, which shows very plainly the powerful effect exerted by the ammonia in changing the condition of the blood.

From what I observed in this case, I am satisfied that there is a broad field open for still further investigation in the application of this treatment to other affections than the poisonous effect of the bites of venomous reptiles and insects. How many of us have often observed the happy effects following the administration of ammonia in the numerous adynamic diseases, when administered by the stomach. What may we not expect from the immediate application of this remedy to the blood, instead of sending it through a chemical laboratory, thereby entering the circulation in the form of we know not what. From my experience in this case, I am satisfied that we have but little to fear from the introduction of air into the veins while employing ammonia, as I believe that the ammonia prevents any serious effects from the introduction of air. Owing to the apparently hopeless condition of the patient I paid but little attention to this point, and I have no doubt but that air was introduced during some of the injections, yet I noticed no bad effects from it. The above case, I believe, is the first in which this treatment has been employed in this country; at least, I have seen no reports of any cases previous to this. I am

thoroughly convinced, from my observations in the above case, that when this treatment is employed and persevered in, it will prove as near a specific as anything we employ belonging to the so-called specifics.

STONE DUST A CAUSE OF CONSUMPTION.

BY R. H. SABIN, M. D.
Of West Troy, N. Y.

About the year 1840 there was built in my native village, in Vermont, a mill for the manufacture of sand paper, the sand used for the purpose being made by breaking granite boulders by means of a large trip hammer, and then grinding in a mill, to a fine dust.

The first man I remember to have worked in the grinding room was one Parker, who, after working from eighteen months to two years, was taken with a severe cough, was obliged to give up work, and gradually failed till he died of consumption.

The next man was James Stoddard, a cousin of mine, a strong, healthy-looking man, who worked about two years, when his health failed, and he died, after a long tedious sickness, of consumption.

Not many months after his death the proprietor of the mill was taken in the same way, and died after a long sickness.

His brother succeeded him as proprietor, and hired one Simon Stoddard, a brother of the above James Stoddard, who worked in all parts of the mill, part of the time in the grinding room. After working a few months, his wife's health began to fail, with a cough and other signs of lung disease, but was able to be about most of the time till within a few months of her death, her husband taking the principal care of her nights, while working in the mill during the day. Three months before her death his health began to fail, and he died six days before his wife, of quick consumption.

Not long after his death the other proprietor failed in health and went in the same way.

These cases I remember from my childhood, and of hearing that the cause of death in the five men was the dust in the mill. Both proprietors were from a healthy family, without any consumptive history, as also were the Stoddards.

I have been in practice now twenty-one years, eighteen of which I have spent in my

present location, which is near Roy's Butt & Hinge Factory, where the polishing is done on a dry stone, employing several large stones, run with great speed by steam, for that purpose, making a great dust, so that the air is filled with a harsh gritty dust.

I have collected the following cases of sickness and deaths that have occurred to persons who have worked in that room.

Daniel Graham, who died at the age of thirty-eight years, was a large, powerful man, noted for his great strength; weight, 190 pounds; was assistant foreman in the mill; and had to be in the grinding room considerable of the time. Three years previous to his death he had an attack of bilious intermittent fever, from which he seemed to fully recover, except in strength; had worked in the mill since eighteen years of age. There was no consumptive history in his family, on the side of either parent. Two years and six months previous to his death he was taken with a cough, strength failed; was obliged to give up work; and run down till his death, at the age above mentioned.

Samuel Graham, an older brother, a large, fleshy man, weighing about 200 pounds, was foreman in the same mill, but did not work in the grinding room. Has worked in the mill thirty years. About six months after his brother's death, was taken with a cough; general health failed; was obliged to give up business; and died after about two years' sickness.

Bear in mind, these two cases were foremen in the mill, and were not confined in the grinding room, only to look after the work and repair the machinery when out of order.

Now, of the cases that worked at the stone polishing, the following sickened and died similarly:—

Mr. S., a young man, of good sound constitution; from the north of Ireland; worked in the grinding room about two years; health failed; went back to Ireland, and died about six months after, of grinder's consumption.

Two brothers, named C., one dead, the other now sick, and going the same way.

Two brothers, named T., both been dead some years.

Robert Ayers, aged about fifty years, died this last spring; had worked at grinding six years.

My list contains four more cases that have died within the last twenty years, of what is

called in this vicinity grinder's consumption, because they worked at that business.

When I have remonstrated with them for working there, they usually say, "I can make more money at that than anything else, and I don't intend to stay long enough to injure me;" but before they know it their health is gone.

I have two other cases who have died of the same disease, but did not work at that place; one a young man, nineteen years of age, who polished cast-iron plates for a stove foundry; had worked at the stone two years; health failed, and he went in about six months, of quick consumption. The other was a moulder, and worked at his trade, inhaling the dust of his work; contracted the disease, and after lingering from two to three years, died, of consumption.

All these cases were large, powerful, healthy looking men, and, so far as I could learn, had no consumptive history.

The above cases lead me to the conclusion that the dust inhaled by working on a dry or wet stone is a cause of consumption, and that no man can work at it two years without injury to his health, and if they work four or five years at the business it is a sure death.

MEDICAL SOCIETIES.

AMERICAN MEDICAL ASSOCIATION.

TWENTY-EIGHTH ANNUAL SESSION.

(Concluded from No. 1063.)

SECTION ON OBSTETRICS AND DISEASES OF WOMEN.

The Section met June 5th, at 3 P.M., the Chairman, Dr. James P. White, of New York, in the chair; Dr. Robert Battey, of Georgia, Secretary.

A paper by Dr. William H. Byrd, of Illinois, was read, on "The Surgical Treatment of some of the Diseases of the Female Urethra."

It was discussed by a number of members.

On motion of Dr. E. W. Jenks, of Michigan, it was

Resolved, That a committee of three be appointed by the chair, to whom, with the Chairman and Secretary, all papers read before the Section shall be referred, to consider as to the propriety of their publication.

Committee, Drs. E. W. Jenks, H. W. Dean, New York, and H. O. Marcy, Massachusetts.

A paper on "Extirpation of the Uterus," by Dr. Gilman Kimball, of Massachusetts, was read by Dr. Martin, of Massachusetts, and a lengthy discussion was carried on relative to

the subject, by Drs. Reamey, of Ohio; Kimball and Martin, of Massachusetts; Smith, of Iowa; Sims, of New York; Jennings, of Arkansas; Morris, of Massachusetts; Atlee, of Pennsylvania; Byford, of Illinois; James Grant, of Ottawa, Canada; Mrs. Dr. Mary Thomas, of Indiana; and the Chairman of the Section.

Dr. N. Roseman, of New York, read a paper on "Kolpopleisis as a Means of Treating Vesico-Vaginal Fistula—Is the Procedure ever Necessary?" and exhibited his instruments for preparatory treatment.

At the conclusion of the reading of this paper the Section adjourned until Wednesday, at 3 o'clock.

WEDNESDAY, JUNE 6TH.

The Section met at 3 P.M., and was called to order by the Chairman.

Dr. N. Bozeman, of New York, read brief statistics of vesico-vaginal fistula in Germany.

Dr. H. O. Marcy, of Massachusetts, read a paper of vital interest to those who would become factors in the problem of multiplication submitted to the human race, which was discussed by Drs. Webber, of Indiana; Staples, of Minnesota; Warner, of Mass.; Bozeman, Seymour, Sims and Dean, of New York; and Battey, of Georgia.

Dr. Marcy offered the following, which was adopted:—

Resolved, That the discussion upon the address of the Chairman, submitted to the Association this morning, be made the subject for discussion to-morrow afternoon. Adopted.

Dr. Ephraim Cutter, of Massachusetts, exhibited his apparatus for electrolysis in uterine tumors, and explained the method of applying it. It was discussed by Drs. White and Staples, and is applicable to the field of research occupied by the Section.

Dr. E. A. Hildreth, of West Virginia, exhibited a wire speculum of his own invention, for the vagina, anus, etc.

Adjourned to meet on Thursday, at 3 P.M.

THURSDAY, JUNE 7TH.

Section called to order at 3 P.M., by the Chairman.

Dr. J. W. Smith, of Iowa, read a paper entitled, "How to Decide the Best Position in Travail," which was discussed at some length.

Dr. Parker, of Massachusetts, read a report of a case of enlarged clitoris, which was removed by galvano-cautery.

The Chairman concluded the reading of his annual report, or address, which was discussed by Drs. Sims, of New York; Leach, of Indiana; Quimby, of New Jersey; Fairbanks, of Michigan; Jencks, of the same State; Mooney, of Ohio; Woodward, of Vermont; Butler, of Georgia; Byford, of Illinois; Garrish, of Indiana, and others.

The thanks of the Section were unanimously tendered to Dr. White, and his address was referred to the Committee of Publication.

The special committee to consider the papers

presented to the Section reported their action, which was adopted, viz.—To recommend for publication the paper by Dr. G. Kimball, on Extirpation of the Uterus; that by Dr. N. Bozeman, of New York, on Kolpopleisis in part, that is, the first part, which precedes the letters, which have been already offered for publication elsewhere; that by Dr. H. O. Marcy, of Massachusetts, upon Congenital Absence of the Uterus.

The committee recommend that the papers by Drs. W. H. Byrd, of Illinois, J. W. Smith, of Iowa, and Parker, of Massachusetts, be referred back to their several authors, with the recommendation that they be offered for publication in some medical journal.

Dr. Seeley, of Illinois, exhibited his modification of Barnes' Dilator.

J. Marion Sims, of New York, exhibited a new form of pessary, with an explanation as to its action, which was objected to by Dr. Fitch, of Illinois.

On motion the Section adjourned finally.

SECTION ON MEDICAL JURISPRUDENCE, CHEMISTRY, AND PSYCHOLOGY.

TUESDAY, JUNE 5TH.

The Section met at 3 P. M., and was called to order by the Chairman, Dr. Eugene Grissom, of North Carolina, Dr. E. A. Hildreth, of West Virginia, Secretary.

Dr. John P. Gray, of New York, read a paper on the celebrated Ward will case, entitled, "The Relations of Spiritualism to Medical Jurisprudence." Dr. Gray's conclusions on the subject of spiritualism, in its medico-legal aspects, were as follows:—

Spiritualism cannot be taken as an evidence of insanity. Belief in communications from the unseen world, whether from friends of the dead or other ghostly messengers, is not in itself an insane delusion. The belief that so-called mediums can communicate with the dead has no foundation, as no evidence has yet been presented of the truth of such communications having been made. They all stand simply on the assertion of the so-called mediums. The implication of fraud must stand against all such professed communications, as the dead party cannot be reached except through the consent or power of the so-called medium, and as the living party to whom the communication is made has no power himself of communicating with the spirit. The whole is received simply through the medium. Such communications of third parties cannot be received in courts of law, as they are excluded by the rule of rejecting conversations not held in the presence of both parties. If spiritualism is espoused as the result of disease of the brain, being before repugnant to the belief and mental operations of the individual, then it is an insane delusion. Spiritualism, or its so-called communications, must be received simply under such ruling of the courts as undue influence, or as fraudulent, or conspiring influences, in the case of wills or

contracts; and wills and contracts made under such spiritual directions and influences, through mediums, should be void.

The most serious question would arise where a person should attempt to commit homicide under the direction of the so-called spirits. The presence of a medium in such a case would suggest fraud and conspiracy. If the individual was a spiritualist through life, and before the crime was committed, no insane delusion can be claimed, unless it can be found in the existence of brain disease. He would have to stand, in that case, upon the same platform as ordinary criminals. Spiritualism can only be considered as an occasional delusion in cases of insanity, and not as a cause or form of true alienation. It stands on the same footing with its progeniture witchcraft, vampirism, soothsaying, fortune-telling, etc. Its medico-legal bearing must be determined by the facts in each case, as to whether it is an insane delusion or not—that is, the offspring of disease of the brain—or simply entertained as a speculative belief with reference to the unseen world, or the possible condition of men after death. Medical science can take no cognizance of it as a speculation, more than it can of any other "ism."

Dr. Wm. Compton, of Mississippi, was much pleased with the paper, and moved its reference for publication.

Dr. Yeamans, of Michigan, had from his boyhood known Captain Ward, and the judges and lawyers in the case; he thought Captain Ward did not follow advice of spirits, but rather the good sense of his sister. He did not believe he was as insane as represented. Financial distress and hyperaemia of the brain induced his apoplexy.

Dr. Gray was glad to hear these statements, but thought the cerebral hyperaemia and epileptic attacks due to some cause, and in connection with sexual excess, in an old, infirm man. Did spiritualism exercise undue influence? We must draw the line between disease and spiritualism.

Dr. Buckham, of Michigan, complimented Dr. Gray. He thought if Captain Ward was insane, it was at the time of making his will; the latter shows a weak mind; but if his other business transactions and mental actions were correct, he was not insane.

Dr. Gray said that business is not like a will, as in the Taylor case, where the spirits asked a change of lawyers. When such questions are brought into court, they must be met by the medical profession.

Dr. Compton said that the Tennessee Courts had ruled against the spirits, and on his motion the paper was referred for publication.

Dr. Edward Seguin, of New York, read a paper entitled the "Intervention of Physicians in Education." The paper establishes that new progress in education cannot be expected from any great discovery in the methods of teaching, but must come from an active intervention of the physicians in the training of the children, which would act in two ways: First,

by transferring as much as possible the teaching to the open air, one means of doing which would be the creation of garden-schools, as proposed by Dr. E. Seguin. The New York Academy of the Sciences has indorsed this plan, and presented it to the Mayor, the Board of Health, the Board of Education, and the Park Commissioners of the City of New York, in order to obtain a concerted action on the subject. The execution of this plan would relieve the schools from the contagious ferments generated by crowding, and would considerably diminish the chances of sickness and of mortality among children. At the same time the pupils would learn from Nature what they see imperfectly represented in books, and gain, by this immediate contact, a love of Nature and naturalness which would react on their future avocations. For these garden-schools would contain, not only classes of botany, natural history, etc., but classes of drawing, carving, and modeling from Nature, whence would issue generations of true artists and superior artisans.

But the second and most important part of the physician, in education, ought to be that of a keeper of the balance of the vital forces of the children. Each child must have his study-book, where the account of his acquisition and expense of vitality should be kept. Physicians alone can register the idiosyncrasies of children, measure the difference of build and of capacity of both sides of the body, and of all the double organizations, and recommend, accordingly, certain forms of active or passive exercises, etc. The accommodation of the ear and eyes must be tested, in order that each child occupy at school precisely the place, and use printed types, corresponding to his power of vision and audition. But, above all, the physician in charge of a school must register the movements of the great vital functions—the pulse, the respiration, and the temperature before and after various studies—in order to establish, in figures, the balance of what a child can spend in studying, or cannot, under the penalty of death from that too frequent disease, the scholar-meningitis.

The paper of Dr. E. Seguin, though very short, was full of suggestions, and it was referred to the Committee of Publication.

On motion, the Section adjourned, to meet on Wednesday, at 3 P.M.

WEDNESDAY, JUNE 6TH.

The Section met at 3 P.M., and was called to order by the Chairman.

Dr. E. J. Patterson, of Illinois, read a paper entitled, "Do Facts Justify the Recognition of Moral Insanity as a Distinct Form of Mental Disease?"

Dr. Patterson's conclusions were adverse to such recognition. His paper contained statistics from a large number of insane asylums, running back over several years, and showing a very marked diminution of cases of so-called "moral insanity." This proved, either that the disease was becoming less frequent, or that the doctors

were losing their belief in the existence of such disease and attributed the cases to other diseases. Dr. Patterson objected to the recognition of moral insanity as a distinct form of mental disease, because there were no cases in which it was shown that a person suffered from "moral insanity" while the intellect was perfectly rational. No person would suffer by the denial of this recognition. The term "moral insanity" not only does no good, but it does positive harm, by enabling unscrupulous lawyers to set up a specious plea in behalf of their client, especially in cases of homicide in which there is no question as to the soundness of the intellect. The cases of Sickles, McFarland, and many others were cited here. And finally, very few of the highest authorities, medical or legal, recognized such a disease as moral insanity, and the plea of that disease is looked on with suspicion by experts.

Dr. John P. Gray, Superintendent of the New York State Lunatic Asylum, said the institution he had charge of had been cited by Dr. Patterson as refusing to recognize moral insanity. That was true, so far as he was concerned, but his predecessor, Dr. Brigham, believed in it, and according to the asylum's records, there had been two thousand cases of moral insanity in that asylum alone. He, Dr. Gray, had examined ten thousand cases of insanity, without finding one that he regarded as a case of moral insanity. Dr. Brigham made three or four classes of moral insanity. One class was the impulsive, that characterized by a single manifestation, such as an impulse to commit homicide, with no other deviation from health. Dr. Gray didn't believe such a case ever existed, but Dr. Brigham did. Dr. Gray would as soon think of impulsive diarrhoea, as of impulsive insanity. The idea of a disease that comes in a moment, and goes in a moment, conflicted with all his ideas of physiology and psychology. One of the asylums Dr. Patterson cited, that at Longwood, reported in one year a phenomenal amount of "moral insanity." Probably "rum" would express all of it.

In a monograph, by Despine, read a few years ago before the Academy at Paris, and for which a prize was awarded, the author pronounced all insanity as deep ingrained immorality, ingrained by the patient himself. The author says that insanity is not a sickness at all; it is a disease of the soul.

Dr. Ray, the chief believer in "moral insanity," does not give the clinical history of a single case that occurred under his own observation at the Butler Asylum, Providence. Moral aberration was a matter of degree. There are persons who have a considerable amount of mental shrewdness, and yet whose moral nature was so perverted that they don't know right from wrong. The law puts such people into prison.

Referring to the subject of heredity, Dr. Gray said that persons who suffered from moral taint transmitted by parents might be held to be morally defective, but it was unjust to them

and the profession to regard them as diseased. The soul, he said, might be tarnished, but it could not be diseased, for what might be diseased would die.

Dr. Patterson said that the statistics of many institutions referred to in his paper were incomplete, but in the complete ones no cases of moral insanity were reported.

Dr. Compton, of Mississippi, made the point that moral insanity was believed in more formerly than it is now, and Dr. Ray has modified his statements in late editions of his own book.

Dr. Battey, of Georgia, said that in the asylums under his charge, where there were twelve hundred patients, there had been no case regarded as moral insanity in twenty-one years.

Dr. Knight, of Connecticut, said that if the term "moral insanity" implied the perfect soundness of all faculties except the moral faculties, there was no such thing.

In reformatories there were, he said, perfectly healthy boys, who would rather do wrong than do right. Punishment they seek to evade, but if it is applied it does no good. They sleep well, and eat well, and their minds seem bright enough. It was doubtful if these persons were morally responsible.

Dr. Seguin, of New York, believed in moral insanity. In idiot asylums children were received who were worse than idiots. They had an inevitable habit, a necessary impulse to sin. They had no symptoms of idiocy. They were healthy in body and bright in mind. He told of a boy who had on twenty occasions shut himself up in a room and set fire to the furniture. He knew that he was doing wrong, but he had a necessary impulse to do it. This boy has been cured, and is now a perfectly good boy.

The origin of moral insanity among children was a want, or, better, a *besoin*. This boy had a *besoin* to see bright things, as some people have a *besoin* to speak constantly. This boy's insanity was a sort of sensory insanity.

Dr. Buck, of Canada, also believed in moral insanity. Two patients in his asylum were conspicuous examples of it. He had failed to detect in either any intellectual delusion, but their moral natures were so perverted that they could not live in society. One of these cases was a woman, who was clever, neat, intelligent, and in perfect health, but she was subject to violent attacks of passion, and had excessively erratic tendencies. The other case was a man. His mind was sound enough, so that he had accumulated a fortune, and he was perfectly healthy; but if at large would maltreat his family, and commit other acts, making his existence in society impossible. Dr. Buck believed there were many other cases in his asylum where the initial departure from health was in the emotional nature. A very marked departure of the emotional involves the intellectual nature. He believed that a moderate moral aberration constituted criminality, while excessive aberration constituted moral insanity.

The intellectual nature affects the emotional nature but slowly, while the emotional nature has immediate and tyrannical power over the intellectual nature.

The Section referred Dr. Patterson's paper to the Publishing Committee.

Dr. G. R. Buckham, of Michigan, read the second paper, on "Medical Testimony, with Special Reference to Cases of Insanity." In the first place, the speaker deprecated the idea that doctors were by education experts in such cases. They were never required, before graduation, to study any branches which would make them more "expert" than any other well-educated gentlemen. Passing to the question of emotional insanity, the reader took the ground that such a state of mind had never been proved, and his easy inference was that there never was such a thing. The paper closed with the author's suggestions for changes in the medical college courses, to remove the evils of which he had spoken.

Dr. Yeamans, of Michigan, opened the discussion, which was continued by Dr. Bartlett, of Minnesota.

After both papers had been referred to the Publication Committee, the Section adjourned, to meet on Thursday, at 3 P. M.

THURSDAY, JUNE 7TH.

The Section met at 3 P. M., the Chairman presiding.

Dr. Buckham, of Michigan, offered a resolution requesting the appointment of a committee of medical jurists to take into consideration the subject of medical testimony, and to report at the next annual meeting. The resolution was adopted, and the Chairman appointed as such committee Dr. John P. Gray, of New York, Dr. E. A. Hildreth, of West Virginia, and Dr. H. M. Knight, of Connecticut. The following gentlemen were appointed as a committee to revise the various papers read before the Section, and to transmit those papers, so revised, to the Committee of Publication: Dr. D. F. Boughton, of Wisconsin; Dr. C. K. Bartlett, of Minnesota; Dr. D. E. Brower, of Illinois. Dr. Kemper then moved, as there seemed no further business before the Section, to adjourn, and the motion was carried. The Section then adjourned finally.

Belladonna in Constipation the Result of Paralysis of the Bowels.

Dr. H. A. Dubois, of San Rafael, California, writes: "In a case of paralysis of the bowels, the result of apoplexy, where there had been no discharge for two weeks, and where croton oil and other powerful cathartics had failed, and in which the ascending colon only could be emptied by the rectal tube, small doses, five drops three times a day, of the fluid extract of belladonna, continued for two days, enabled the tube to enter the transverse colon, and procured thorough action through the whole length of the canal. I was indebted to Dr. Taylor, U. S. Navy, for this suggestion.

EDITORIAL DEPARTMENT.

PERISCOPE.

Abnormal Refraction Simulating Brain Disease.

In a recent lecture Dr. J. Hughlings Jackson, Physician to the London Hospital, says:—

In some cases of abnormal refraction there is a simulation of brain disease, or, at any rate, patients who only want appropriate glasses are occasionally treated by physicians for brain disease. I have been speaking of hypermetropia, but the remark applies to other abnormalities of refraction.

Mr. Brudenell Carter has reported a remarkable case of myopia simulating brain disease, in the eighth volume of the Clinical Society's Transactions. This report should be carefully studied by physicians. The patient, for supposed brain trouble, took a voyage to Australia, but was no better for it. He was told that "he must abandon the idea of carrying on the family business, or of taking any active part in life." This patient was immediately thoroughly and permanently cured by the adaptation of appropriate glasses. The possibility of an anomaly of refraction or any eye defect being at the bottom of that patient's trouble seems not to have occurred either to himself or to his doctors. He did not consult Mr. Carter for any defect of sight, but because he had heard that ophthalmic surgeons had an instrument useful in the investigation of disease of the brain. I could relate several cases of hypermetropia in which the diagnosis of brain disease had been made by physicians and refuted by ophthalmic surgeons. Here is one. A medical student, twenty-one years of age, had been obliged to give up his work because reading brought on attacks of vomiting and frontal headache. The vision of each eye, for near and distant objects, seemed good to ordinary examination, and there were no ophthalmoscopic changes, except some dilatation of retinal veins. To cut a long story short, after traveling about two years, doing nothing toward his cure, Mr. Tweedy, in May last, fitted him with a pair of spectacles, remedying hypermetropia and astigmatism. The patient has been well ever since; has returned to his medical career, and has graduated at the University of London. Without some knowledge of anomalies of refraction, the physician would never suspect the real nature of such a case as that of this medical student. Mr. Carter writes, in his paper referred to, that his advice was received by the patient and his father with polite incredulity, although fortunately it was acted on. I find that patients whose symptoms appear to them to depend entirely on something wrong in the head or in the liver receive with something more than in-

credulity the statement that they require glasses, and I fail now and then to make them consult an ophthalmic surgeon. Yet it is very ludicrous to give "nervous" and other remedies for a state of things which requires only a scientifically adapted mechanical aid.

The Plea of Insanity.

The *British Medical Journal* remarks, in regard to a lecture by Dr. Robertson, of Glasgow:—

"In the earlier periods, nothing but a total deprivation of reason was held to free from responsibility; partial insanity, in none of its forms, was any palliation. The Lord Justice-Clerk, in the cases of Macklin and Barr, who were tried for murder in May of last year, said, in speaking of the indications from which unsoundness of mind may be inferred: "At one time lawyers were apt to avoid all difficulty by inquiring whether the prisoner knew right from wrong; and as a point of fact, except in acute mania or idiocy, there are very few lunatics who do not know right from wrong, in the sense of being capable of forming and even acting on the distinction. Much unreasoning inhumanity had been the result of this unscientific maxim." The lecturer said that this was a great and important advance in forensic opinion; he was, however, unable to accept the test proposed by his lordship in place of the discarded one: "That soundness or unsoundness of mind was a fact which had to be judged, not as a question of law or of science, but on the ordinary rules which one applied in daily life; and if it turned out that a man was able to conduct himself with propriety in the ordinary relations of life, and was not excluded from the confidence of his fellow-men by reason of distrust of his sanity, they had advanced, not the whole journey, but nine-tenths of it, toward their conclusions." It was held by the lecturer that this test failed to cover cases in which criminal acts were committed during sudden attacks of mania, to which persons who had been affected with sunstroke, or whose brains were otherwise enfeebled, were sometimes disposed; or those which were due to homicidal impulse; or such as were perpetrated while under the furor or in the peculiar automatic state which occasionally follows or takes the place of ordinary epileptic seizures; as in all these conditions it might be that the sufferers were usually quite fit for their occupations, and were free from delusion, though in the paroxysms they were really irresponsible for their acts. In his opinion, there was no general test applicable to all cases, and that it would be more correct—more in accordance with the facts of nature—to avoid laying down definite

criteria, and simply to hold, unless proof can be submitted that the mind is in a state of disease, or was so at the time of the alleged crime, to which that crime may be fairly attributed, that the plea of insanity should not be sustained, and, consequently, that the accused is a responsible agent. What that proof should be could not be stated, as it must vary according to the distinctive characters of different cases.

Effects of Sexual Excesses on the Eyesight.

Mr. Jonathan Hutchinson (*Royal London Ophthalmic Hospital Reports*, vol. ix, part 1) considers that we may safely assume the probability that the eye does suffer, both in connection with its functions and its structure, from influences brought to bear upon it through the sexual system.

In the larger class of cases the disorder is of a mere functional and temporary character; a loss of tone, consisting in such changes in the molecular constitution of the nerve-centres as may be wholly repaired by food, recreation, and rest. In a smaller class of cases, the symptoms just enumerated form the first stage of a disturbance which eventuates in structural alteration, degeneration, or inflammation. The cause lies in disordered nutrition, dependent upon not only excessive sexual indulgence and masturbation, but also upon frequent and continued erethism.

The subjective symptoms are, in the lighter cases, *muscæ*, a stiff and glassy feeling of the eye and lids; in the more serious cases, more or less impairment of vision. The objective symptoms in the more serious cases consist in softening of the vitreous body, and the presence of opacities in it, and atrophy of the optic disk, probably preceded by neuritis.

In one case, Mr. Hutchinson detected a slight haziness of the disk, so slight as to be almost doubtful. The associations between certain forms of amblyopia and disturbed or suspended menstrual function in women, and between slowly progressive atrophy and the failure of sexual functions in men, are dwelt upon with emphasis.

Is Typhoid Fever Contagious?

Before the Paris Academy of Medicine, lately, Dr. Bouchardat read a paper on typhoid fever, in which he admitted contagion as one of the causes of this disease, as in the eruptive fevers. He classified his arguments under four heads. The first related to the comparative immunity of persons who had had an attack of the disease; the second to the comparative progress of typhoid fever in the great centres of population and in villages; the third to the special morbid proclivity of the unacclimatized, of the new comers; the fourth to the high rate of mortality of the military hospital orderlies, who are always in contact with the sick. The disturbances observed in the intestines, in the first place, led to the opinion that the contagion was

contained in the excrementitious matters, and this hypothesis was justified by remarkable cases of propagation of this disease by fecal matters. But, were not these simple coincidences? The true cause had passed unperceived, and a very apparent, but harmless, condition had been taken for it. The pernicious influence, with regard to typhoid fever, of the contents of sewers and cesspools, had not been rigorously established with regard to the men employed in cleansing and emptying them. Because these cases had shown themselves in isolated villages, without perceptible communication with diseased persons, they had been attributed to the drinking of waters containing animal matters in a state of putrefaction; but, besides that these cases were often incompletely observed, it must not be forgotten that small-pox, measles, and scarlatina, also appeared in isolated districts, where it was not possible to follow up their origin, and yet no one admitted the spontaneous evolution of these diseases. Finally, the hypothesis of permanent specific miasmata in great cities was strengthened by the fact that the epidemics which break out in them generally coincide with the large arrival of non-acclimatized persons, as in Paris in 1870. It was this class which were in the greatest danger, and the inhabitants of great cities need not exaggerate to themselves the dangers of typhoid fever at a season of epidemic prevalence.

The Treatment of Abortion.

At a meeting of a branch of the British Medical Association, Dr. Malins, of Birmingham, spoke on the treatment of abortion. He said that it was an important subject. The proportion of abortions to labors at the full period observed in his practice was as one to six or seven. If neglected, abortion became a frequent source of uterine disease. After discussing the meaning and applicability of the term abortion, and quoting various authorities, Dr. Malins considered the fairest explanation to be premature expulsion of the ovum. Abortion might be—1. *Passive* or latent; 2. *Active* or inevitable. 1. *Passive*.—The important symptoms were pain and hemorrhage. For the pain, he would give full doses of opium, preferably in the form of liquor opii sedativus. For the hemorrhage in this form, rest was necessary. It having been repeatedly noticed that women who were sick aborted least, Dr. Malins, acting on this indication, had found the administration of five minims of vinum ipecacuanhæ, every hour for twelve or fourteen hours, a safe and simple remedy. 2. *Active*.—When there was great hemorrhage and pain, bold treatment must be followed; the vaginal or uterine plug being used, with ergotine hypodermically. No towels or handkerchiefs should be used as plugs, but the vagina should be well and carefully packed with pledgets of tow or oakum. Neither sponge nor strips of lint were so good as these. Where the embryo was

dead and was retained for an indefinite time *in utero*, rapid dilatation of the os uteri by means of sponge-tents should be employed.

Use of Drainage Tubes in Dropsy.

Dr. Southey narrated to the Clinical Society of London, lately, his treatment of dropsy with capillary drainage tubes. The canulæ were scarcely larger than the ordinary subcutaneous injecting needles, and were introduced by a fine trocar. They terminated with a little bulbous extremity, over which the capillary india-rubber tube was drawn after its introduction into the dropsical limbs. A tiny thread and small piece of adhesive plaster sufficed to maintain the canula in the skin, and the connected drainage tube was conducted below the patient and into a pan beneath his bed. The large amount of serous fluid which might thus be withdrawn in dropsical subjects from a single prick in each leg was quite surprising. The fluid continued to drip away for as many hours as the tube was retained *in situ*, and this without any discomfort to the patient. No escape of fluid took place beside the canula. The whole was conducted outside the bed, and several pints usually thus drained away from highly dropsical subjects each twenty-four hours. The advantages were manifold, of this exceedingly simple and cleanly method of relieving anasarca, when this was extreme. 1. Instead of several needle-pricks, all of which were painful and quite likely to form troublesome sores and centres for erysipelas to depart from, one, or at most two—only one for each limb—were needed. 2. The skin round about the puncture was not macerated by the oozing serum, nor irritated by it. 3. The patient was kept dry, and warm, and clean, in bed. 4. The relief obtained was more speedy as well as more thorough. 5. Should the escape of fluid prove too rapid, and become attended by circulatory disturbance in the dropsical limbs, or by uræmic symptoms, the quantity drawn off could be easily regulated, controlled, or temporarily arrested, by a tiny clamp placed upon the tube. 6. The serous fluid, which in cases of renal anasarca contained very large amounts of urea, could be tested for this, and the quantity thus escaping be exactly ascertained. Thus, in the particular case brought forward by Dr. Southey, the average amount of urea which was thus excreted amounted to 4.7 grammes, or 72.56 grains, for twenty-four hours. In point of fact, Dr. Southey had drawn off as much as fourteen pints of serous dropsical fluid in twenty hours, from a patient, by two such tubes; and, in answer to questions put to him, he was able to state that he had seen no inconvenience arise from the maintenance of the canula in the skin in the same situation for forty-eight hours; the prick-hole closed at once, and without ulcerating, when it was withdrawn.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—Received—Transactions of the Seventy-ninth Annual Session of the Medical and Chirurgical Faculty of Maryland. Held at Baltimore, April, 1877. A volume of interest and value.

BOOK NOTICES.

The Psychology of Kathrina. By Thad. M. Stevens, M.D., of Indiana. A reprint from the Cincinnati *Lancet and Observer*.

Dr. Holland's *Kathrina* is taken as a text for the expression of the author's views upon certain psychological questions. The first point is in regard to the insanity of the hero's mother. It is believed that the author intended it as a case of *contagious insanity*; that this condition was caught from the husband, by the wife, not by means of an infecting germ, and, of course, not by hereditary descent, but through the influence of mind upon mind. It is claimed that this is in accordance with laws, illy understood, yet known to exist.

Indeed, it is an oft-repeated remark how the man and wife, companions of years, grow alike in ways and looks; and there is reason to believe that physiological as well as pathological conditions of the mind may, in the same manner, become more or less similar. The monograph carries this thought still further, remarking, that in cities of moderate size, having a fixed population, and not confused by the elements connected with immigration, there is a certain similarity of the majority of the inhabitants in general appearance, a similarity not depending upon kind, but upon some subtle effect of this same principle spoken of above. This principle is then applied to the explanation of the mother's insanity and final suicide.

One or two other interesting psychological points are discussed. The tingling of the bell in the sick room, is the agency of bringing up an incident of the hero's boyhood days. An example of unconscious cerebration. The explanation of the wife's vision is well given. Our space will not admit any fuller notice of this very pleasing paper.

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D. G. BRINTON, M.D., EDITOR.

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THE MODEL PHYSICIAN.

In introductory and valedictory, the "model" physician, or the "ideal" physician, is a favorite topic on which lecturers delight to "spread themselves." The frequent adoption of this topic may be owing to the ease with which one can write upon it, as we spin our ideals from our own brain, and they ask no laborious cramming for their portraiture; or it may be that it arises from the delight we feel in portraying a grand character through half identifying ourselves with it (however absurdly) while we do so—a sort of *délire des grandeurs*; or possibly because others may be led to believe that we are something like the portrait we paint.

Whatever the motive, the subject is common. One of the most pleasantly extravagant is quoted by Dr. JULIUS PETERSEN, in his recent "History of Medicine," from the Swiss author, Sonderegger. It runs as follows:—

"Whoever, in knowledge of natural phenomena, in mind and character, is a model man, he is the physician as he will be. There is on earth nothing greater and more beautiful than

man; he is the hardest and most difficult exercise for thought and hands; his birth and death, his life and his afflictions, all are in the highest sense remarkable and impressive. Sharp eyes and delicate ears must thou bring with thee; great talents of observation and patience, and further patience to learn endlessly; a clear, critical head, with iron will, which strengthens in need, and yet a warm sympathetic heart, that shares and feels every woe; the support of religion and moral earnestness which rise above worldliness, gold, and fame, added to a pleasant address, suavity in discourse, and proportion in thy fingers, health of body and soul, all this must thou have if thou wouldst not be an unfortunate or a bad physician; thou must bear the camel load of omniscience, and preserve the freshness of the poet. Thou must counterbalance all the arts of quackery, and thereby remain an honest man; medicine must—to this all tends—be thy religion, thy politics, thy misery, and thy joy. Wherefore advise no man to become a physician! Should he wish it, warn him off forcibly and earnestly; but wishes he notwithstanding, then give him thy blessing, inasmuch as it is something worth; he can use it."

After reading this extraordinary outburst, the average doctor is ready to exclaim, "But how about the business? Is that to be forgotten, meanwhile?"

The question is pertinent, for undoubtedly, in this and in every country, the first inducement to enter our profession is to use it as a means of earning a livelihood—of making money; and though this is not also the last nor the only object in its pursuit, it is, and must remain, for a long time to come, the chief and permanent motive to labor.

Instead of such wild ideals, it were better to point out what we submit is a fact—one of the hardest of facts—that as a business, as a means of getting a living, the practice of medicine will be most profitable in the long run, and in the vast majority of cases, by strict attention to integrity, by the exercise of a liberal but discriminate charity, by cultivation of unswerving honor toward other practitioners, by a deep abhorrence of false pretence and unfounded claims, and by earnest attention to the welfare of the community.

An enlightened pursuit of self interest is not inconsistent with the benefit of society; on the contrary, as was admirably shown by Adam

Smith, the good of the many is best consulted by each individual looking after his own good in the most intelligent manner. This is a view of the present subject which we would commend to the consideration of future painters of ideals.

NOTES AND COMMENTS.

Diabetes.

Four cases are carefully recorded in the *Glasgow Medical*, by Dr. James Barr. Independently of diet and medicine, there were great variations in the amount of urine and sugar from day to day; with improvement these oscillations lessened. Always there was a great fall on cutting off the starchy food. With a free supply of green vegetables the general condition improved, and the disgust toward animal food was removed. Codeia and bromide of potassium had but doubtful effects. Strychnia, quinine, iron, cod liver oil, improved the health, but did not diminish the sugar. Ergotine, tried in one case, reduced the urine and sugar, and the patient improved materially. Ice was applied to this patient's spine, and is also spoken well of.

Chemical Cleanings.

Antimony trichloride forms white or yellow precipitates in hydrochloric acid solutions of aconitia, atropia, quinia, cinchonina, piperine, strychnia and veratria; but not of caffria or morphia. Similar solutions of aconitia, piperine, strychnia and veratria are precipitated (yellow or red) by ferric chloride; white atropia, quinia, cinchonina, caffria and morphia are not precipitated.

A. Soldani uses potassio-cupro-bicarbonate as a reagent for grape sugar; it is as delicate as Fehling's solution, and more stable. For preparation, see *Gazetta Chimica Italiana*, vi, 322; or, *Jour. Chem. Soc. (Lond)*, 1877, i, 345.

India-rubber caps to feeding bottles, toys, etc., sometimes contain enough oxide of zinc to make them a source of danger.

C. Paul asserts that Paris violet (methyl-aniline-violet) is a reagent for bile; striking a red color. Demell and Longuet, however, demonstrate that it is only a physical mixture of the colors, consequently not reliable. These results are confirmed by Neubauer.

Gscheidlén uses, for the detection of the sulpho cyanides in animal secretions, ordinary filter paper which has been treated with dilute ferric chloride and hydrochloric acid. If there is placed, for example, some saliva on this prepared paper, there is formed around it a reddish coloration.

Gscheidlén has examined, by this means, the urine of twenty-two persons, and in every case obtained this reaction. Hence he concludes that sulpho-cyanogen is normally present in human urine.

Gangrene of the Appendix Vermiformis.

At a late meeting of the New York Pathological Society, Dr. Erskine Mason presented, on behalf of a candidate, a portion of intestine, including the appendix vermiformis. The history of the case was to the effect that the patient, a man of eighteen, was suddenly seized with a chill, followed by pain in the abdomen and other signs of peritonitis. After two days the symptoms improved for a short time, but on the third day death took place. At the autopsy the appendix vermiformis was found to be in a gangrenous state, and lodged in it was a foreign body the size of a pistol-bullet, and of the consistency of charcoal. Fibrine was found in the neighborhood of the caput coli.

Chloral Hydrate.

Dr. Liebreich has written to the *Lancet* respecting the necessity of using only the crystal drug, and he attributes unpleasant symptoms, and even death, to the use of impure chloral. He says that in America the worst impurities are met with, and speaks of the death reported by the *Medical Examiner* as perhaps due to this. In fact, he only believes in that manufactured at Berlin, to which he gives his signature.

Extirpation of the Kidney.

Mr. Jessop, at the Leeds Infirmary, removed the left kidney from a child, aged two years and three months, suffering from a rapidly increasing tumor, apparently malignant, in the left renal region. The incision was similar to that recommended for colotomy, but longer. When the diseased mass was reached, the kidney was peeled, by means of the fingers, and a whipcord ligature was passed around the vessels and ureter, and firmly tied. The re-

mainder of the growth was afterwards stripped away, and the whipcord left, to drain the wound. The operation was a formidable one, owing to the large size of the diseased organ and the free venous hemorrhage which followed the separation of the growth from the surrounding structures. When removed, the kidney weighed sixteen ounces, and was encephaloid in appearance. The child was doing well at last report. There was no peritonitis, the bowels acted freely, and the urine flowed abundantly, and was not stained. There was no vomiting, the temperature was but little above normal, and the child partook freely of milk.

Sudden Death Following Parturition.

At the New York Pathological Society, May 23d, Dr. Putnam-Jacobi presented the heart taken from a primipara who died from dyspnoea five hours after labor. The dyspnoea continued for two hours. There was no coma. The interest of the case rested on the fact that at the autopsy no lesions were found. A clot was found in the right ventricle, extending into the pulmonary artery, but from its appearance it was *post-mortem*.

Dr. Janeway suggested the possibility of poisoning in cases where no lesions were found to account for the symptoms.

CORRESPONDENCE.

Breast Trouble in Infants.

ED. MED. AND SURG. REPORTER:—

About three years since my attention was first called to an infant suffering with both mammae. On examination, I found the heat, pain, redness, swelling, hardness, and tenderness, usual to inflammatory troubles, and diagnosed inflammation of mammae, caused, I supposed, by some direct injury sustained. On strict inquiry, I failed to find the cause. The child would neither eat nor sleep until the grandmother applied suction, by means of an inverted open end thimble, bringing away, to my surprise, about one-half drachm of milk. I say milk, because it looked like, and tasting like, had all the appearances of, that from the mother's mammae. The child at once became quiet. This operation was repeated two or three days in succession, while local applications of olive oil and tincture of opium were made daily.

Since then I have been convinced that the attention of few physicians has been called to this, and, therefore, I made the following notes,

preparatory to writing this. I inquired of the first seven families I met, of my patients, and they report as follows:—

Mrs. H.	had 10 children.	Breast trouble in 1
" T.	" 3 "	" 0
" E.	" 2 "	" 2
" McC.	" 8 "	" 3
" O.D.T.	" 4 "	" 1
" W. H.	" 3 "	" 0
" G.L.G.	" 8 "	" 2

38 children. Breast trouble in 9

Males and females alike affected at a period varying from one day old to six weeks.

Although attention has been called to this by several authors I have read, yet from inquiries made of physicians I am satisfied many an uneasy and sleepless hour has been passed by parent and child, from ignorance of physicians on this subject.

Dr. Gross considers it "an inflammation of the glandular structure of the organ, and of the surrounding celluloadipose tissue," and remarks upon the "erroneous supposition that the disease is caused by an accumulation of milk, from which latter idea, at least in some cases, we most respectfully dissent. I have used the common breast pump in drawing out the secretion, but find it too large, and therefore, when I have to use anything for this purpose, resort to the usual remedy, the *old woman's* thimble. From my inquiries I find the "old women" have long known this. They always draw the breast and apply lard, declaring immediate ease to result to the little fellows, and that the milk dries up in a few days.

Then, closing, I say to your readers who meet with fretful, crying and restless infants, examine the mammae, and if you find them hard, tender, etc., apply olive oil and tincture of opium, muriate ammonia and water, or other appropriate remedy, and finally, failing, "draw the breast."

M. J. ELEY, M.D.

LaFayette, Ala.

External Treatment of Pertussis.

ED. MED. AND SURG. REPORTER:—

Permit me to call the attention of the profession, through your valuable journal, to the successful treatment of whooping cough by rubefacients and revulsive applications. My attention was first attracted to this mode of treatment by an intelligent old lady. Some four years ago, while visiting a patient in the family where she was residing at the time, I incidentally spoke of a granddaughter who was suffering from an attack of whooping-cough, and as she was but two years old and quite delicate, I expressed some doubts about her recovery. The old lady remarked that she could tell me how to cure her in three days, and said she had obtained the prescription over fifty years before, from the celebrated Dr. Drake, who was at that time her family physician in Cincinnati. The source from whence she got

the prescription made me anxious to know more about it. As she had preserved a copy, I will give it—

R. Olei succini rectificatum,
Tincturæ opii,
Aque ammoniæ,
Olei olivæ, aa ʒj. M.

Sig.—Rub along the whole track of the spine two or three times a day; to be discontinued when the parts become tender.

As soon as I returned from my visit, I prepared the liniment, according to the formula, and immediately commenced the treatment. The patient at the time had terrible paroxysms of whooping. The result was that whooping ceased entirely in less than three days. The relief was so prompt I was confident it was brought about through the use of the liniment, as I had dropped every article of medicine after commencing the local applications.

I have, since that time, used the same treatment through several epidemics of the disease, and always with success. The treatment should not be commenced until the whooping paroxysm sets in. Just how, or through what channels the cure is effected, I am unable to say, but facts are stubborn things. I will only hint that the action of the medicine may be through, or on, the communicating branches of the pneumogastric nerve, the spinal accessory, first and second cervical, and sympathetic. I have no other object in giving this to the profession than to stimulate others to a trial, and in return beg them to give the profession the results of their observations.

H. MALLORY, M.D.

Hamilton, Ohio, July 10th, 1877.

On Medical Charities.

ED. MED. AND SURG. REPORTER:—

I have been greatly interested in the articles recently published by you upon the question of the abuse of medical charity. The first article (May 12th) stated thirty to thirty-five per cent. as the proportion of the population of New York city receiving gratuitous medical attendance. At least an equal proportion receive such attendance in this city, and I have no hesitation in saying that at least four-fifths of the charitable service in Philadelphia is misdirected, and bestowed upon unworthy objects.

A largely increased exercise of discrimination in this respect is urgently needed. The custom at our free dispensaries and hospital and college clinics is to prescribe for all who make application. This is altogether wrong, and simply encourages the already too prevalent imposition upon charity. No patient should be prescribed for on a free list until strict inquiry has been made and the applicant found to belong to the "worthy poor."

Free dispensaries and hospitals, however, are not wholly to blame for the gratuitous service

rendered the public. There is little or no practical difference between prescribing for nothing and giving a credit which may run, if the debtor desires, till the day of judgment. For this the profession at large, or, I should rather say, nearly every member of it, is responsible. If every physician would insist upon cash for his services in every case where the ability to pay cash exists, we should be relieved from an immense amount of entirely unnecessary labor, and the respect of the public for the profession would be largely increased. Professional services are valued, as are other things, very much in proportion to their cost, and the members of the profession who are most respected are they who place a value upon their services, and insist upon remuneration therefor. Many physicians have an ambition to secure the reputation of having a large practice, and it is such a general custom to attend to calls from any service, upon any occasion, or without occasion, pay or no pay, that there are actually in this city many people (otherwise well informed) who think there is a law which compels a physician to attend, if called upon. I have frequently been asked if such were not the case.

There is no more reason why a physician should give his service for nothing, or extend an indiscriminate credit to his patient, than there is why a grocer or dry goods merchant should distribute his stock of goods to every applicant, without money or any understanding as to settlement for the same; or, as I said to a demurring case, not long since: "You expect to pay for this medicine, do you not?" "Certainly," was the reply. Very well, which is the more necessary, the writing or the compounding of this prescription; and if one is as essential as the other, why should you not pay for the one as well as the other?"

We are told that it is the duty of the physician to relieve suffering and distress; granted; but is it more the duty of the physician to extend his aid than that of the friends and relatives of the sufferer to secure that aid by providing a proper return therefor.

Let us, in the name of right and justice, have done with this indiscriminate way of doing business. Let us insist upon payment where the ability to pay exists, and if we find a sufferer who is worthy of assistance and unable to pay for service, let us extend our aid in such case, for the sake of sweet charity, and have it so understood, that we may have credit for the deed, instead of, as at present, making an entry on our books, and having our patient forget his debt of gratitude which he could pay, in the remembrance of his pecuniary obligation which he cannot pay.

I hope this subject will continue to be discussed and agitated until the reform which ought to take place in reference to this matter shall have become an accomplished fact.

G. E. DALTON, M.D.

64th and Vine streets, Philadelphia.

NEWS AND MISCELLANY.

Boylston Medical Prize Questions.

The following are the questions proposed for 1878:—

1. Antiseptic treatment. What are its essential details. How are they best carried out in practical form?

2. Diphtheria. Its causes, diagnosis, and treatment.

The author of a dissertation considered worthy of a prize, on either of the subjects proposed for 1878, will be entitled to a premium of Seventy-five Dollars.

Dissertations on the above subjects must be transmitted, postpaid, to J. B. S. Jackson, M.D., Boston, on or before the first Wednesday in April, 1878.

The following are the questions proposed for 1879:—

i. The relation of animal contact to the disease known as Hydrophobia.

ii. Evidence showing that so-called "filth diseases" are not dependent upon "filth."

The author of a dissertation considered worthy of a prize on either of the subjects proposed for 1879, will be entitled to a premium of Two Hundred Dollars.

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday in April, 1879.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within which shall be inclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

The writer of each dissertation is expected to transmit his communication to the President of the Committee, J. B. S. Jackson, M.D., in a distinct and plain handwriting, and with the pages bound in book form, within the time specified.

Any clew by which the authorship of a dissertation is made known to the Committee will debar such dissertation from competition.

Preference will be given to dissertations which exhibit original work.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

A New Hypnotic—Taking His Own Prescription.

Very few physicians are found taking their own prescriptions; such, however, is the beautiful and yet comic spectacle presented by the physician of the Czar of Russia. It seems that the royal patient was unable to sleep or rest; suffering all the time from nervousness during the day and restlessness at night. After trying all remedies in vain, the medical attendant recommended the autocrat to "go to the front;" this prescription

was immediately taken, but the physician was required to take it also; his royal master went "to the front," but took his prescriber with him.

Personal.

—Dr. S. W. Thayer, of Burlington, Vt., has received the degree of LL.D. from the University of Vermont.

—Dr. Balfour has resigned the office of Dean of the Medical Faculty in the University of Edinburgh.

Items.

—The British Parliament appropriates \$10,000 a year to scientific investigations into the causes and processes of disease.

—The Renewal of Prescriptions in Germany has recently been forbidden by law, except on the order of the physician originating the prescription, whenever it shall contain powerful medicines, such as drastics, emmenagogues, emetics or opiates.

—Ustilago Maidis, by which is meant the smut or "Ergot" of Indian Corn, has been employed for the same purposes as ergot of rye, and with reputed success. Considerable attention is bestowed on it in some quarters.

QUERIES AND REPLIES.

Exophthalmic Goitre.

MR. EDITOR.—Seeing Inquiry by "J. M." on the proper treatment of exophthalmic goitre, I will give him my experience. Patient about 30 years of age, of full habits. Had been successfully treated by me with electricity, in the usual manner, for nasal catarrh. I determined upon this means for the goitre, and after each general treatment with the mild current (faradic), I applied a weak ascending current of galvanism through the sympathetic, on each side, after which, one pole placed in the submaxillary region, and the other over the closed eyelids, continuing about three minutes. These treatments were kept up about five weeks, daily, with steady improvement; and finally he went west, saying that he "felt about as well as ever in his life." I gave him some slight tonic medicine only, and attribute the cure wholly to electricity.

Respectfully, J. D. S. SMITH, M.D.,
Bridgeport, Conn. 117 State street.

M. J. E.—What is the formula for "Mustang Liniment"?

DEATHS.

ARNOLD.—In North Londonderry, Vt., June 4th, Dr. J. W. Arnold, aged seventy-five years.

KEMP.—July 9th, at Callicoon Depot, Sullivan Co., N. Y., of pneumonia, Arthur Ferrie, only child of Dr. S. A. and Emma Kemp, aged one year and eight months.

MARTIN.—On Thursday, 28th of June, 1877, Jessie Gertrude, daughter of Dr. J. B. S. Martin, and granddaughter of Dr. J. P. Martin, aged one year, four months and two days.

"A little bud, too pure for earth,
'Twas only lent, not given,
To suffer here a few short days,
And then go home to heaven." J. P. M.